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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Gregory D. Plowman, et al.

Title:

MAMMALIAN PROTEIN

**PHOSPHATASES** 

Prior Appl. No.:

09/986,992

Prior Appl.

Filing Date:

11/13/2001

Examiner:

Unassigned

Art Unit:

Unassigned

## CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

L	J Continuation	$[\mathbf{X}]$	Division	[ ]	Continuation-In-Part (	CIP	)
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of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

## Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (4 pages).
- [X] Preliminary Amendment (5 pages).
- [X] Specification, Claim(s), and Abstract (143 pages).
- [X] Drawings (2 sheets).
- [X] Copy Declaration and Power of Attorney from prior application (4 pages).

- [X] Paper Copy of Sequence Listing (6 pages).
- [X] Information Disclosure Statement (2 pages).
- [X] Form PTO/SB/0B (1 page).

The filing fee is calculated below:

	Claims	Iı	ncluded	in	Extra				Fee
	as Filed	]	Basic Fe	e	Claims		Rate		Totals
Basic Fee							\$770.00		\$770.00
Total Claims:	2	-	20	=	. 0	X	\$18.00	=	\$0.00
Independ ents:	2	-	3		0	х	\$86.00	=	\$0.00
If any Mu	ltiple Dep	ende	nt Claim	$\frac{-}{(s)}$ pr	esent:	+	\$290.00	=	\$0.00
	-					SU	JBTOTAL:	=	\$770.00
[]	Sm	iall E	ntity Fee	es Ap	ply (subti	act 1/2	of above):	=	\$0.00
			-	-	TOTA	LFI	LING FEE:	=	\$770.00
				-		T	OTAL FEE	=	\$770.00

- [X] A check in the amount of \$770.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date

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Respectfully submitted,

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